

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">70079008</div>	FILING DATE			
							APPLICANT(S)				
<div style="font-size: 1.2em; font-weight: bold;">12-21-07</div>							<b>CLAIMS</b>				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1			1				51				
2			1				52				
3				1			53				
4				1			54				
5				1			55				
6			1				56				
7			1				57				
8				1			58				
9				1			59				
10			1				60				
11			1				61				
12			1				62				
13			1				63				
14			1				64				
15			1				65				
16			1				66				
17							67				
18							68				
19							69				
20							70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			4				TOTAL IND.				
TOTAL DEP.			3				TOTAL DEP.				
TOTAL CLAIMS			7				TOTAL CLAIMS				